



4141 Douglas Drive North  
Crystal, MN 55422  
Phone: (763) 531-1000 Fax: (763) 531-1188  
Website: www.crystalmn.gov

## Application for Fire Permit

Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Rec'd By/Date \_\_\_\_\_

<b>Site Address</b>	
<b>Tenant/Bldg Name</b>	

<b>Property Owner</b>	Name/Company _____ Phone No. _____
	Address _____ Fax No. _____
	City _____ State _____ Zip _____
<b>Contractor</b>	Company _____ Phone No. _____
	Contact Name: _____ Phone No. _____
	Contractor License No.: _____ Expiration Date _____
	Address _____
	City _____ State _____ Zip _____

<b>Fire Permit Type:</b>	<input type="checkbox"/> 58 - Vent Hood Cleaning <input type="checkbox"/> 59 - Sprinkler Systems <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-action <input type="checkbox"/> Fire Pump <input type="checkbox"/> Other _____ <input type="checkbox"/> 60 - Fire Alarm System <input type="checkbox"/> 61 - Monitoring System <input type="checkbox"/> 62 - Hazardous Materials <input type="checkbox"/> 63 - Tanks (Flammable/Combustible Liquids) <input type="checkbox"/> 64 - Tents, Canopies, Temporary Membrane Structures <input type="checkbox"/> 65 - Other Fire Suppression:
<b>Work Type:</b>	<input type="checkbox"/> 01 - New <input type="checkbox"/> 02 - Vent Hood Cleaning: <b>Date/Time of Cleaning:</b> _____ <input type="checkbox"/> 03 - Alteration <input type="checkbox"/> 05 - Miscellaneous <input type="checkbox"/> 08 - Install/Remove (Tanks)

<b>Valuation of Work \$</b>	<b><u>Office Use Only</u></b>	
	Permit Fee	\$
<b>Description of Work:</b>	Plan/Site Check Fee	\$
	State Surcharge Fee	\$
<b>Estimated Start date:</b>	Other	\$
<b>Estimated Completion date:</b>	Total Fees	\$
<b>Plans Submitted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Office Use</b>	
<b>Required Inspections</b>	<b>Sprinkler System/Monitoring:</b>
	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 10 -Main Drain <input type="checkbox"/> 11 - Fire Pump Test <input type="checkbox"/> 12 - HydroTest
	<input type="checkbox"/> 13 - Water Flow Test <input type="checkbox"/> 14 - Air Test <input type="checkbox"/> 16 - Trip Test <input type="checkbox"/> 15 - Final
	<input type="checkbox"/> 19 - Other:
	<b>Fire Alarm System:</b>
	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 17 - 24 Hr. Battery Test <input type="checkbox"/> 18 - Function Test
	<input type="checkbox"/> 15 - Final <input type="checkbox"/> 19 - Other:
	<b>Hood Systems:</b>
	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 15 - Final <input type="checkbox"/> 18 - Function Test
	<b>Tanks:</b>
	<input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 15 - Final <input type="checkbox"/> 18 - Function Test
	<input type="checkbox"/> 14 - Air Test
	<b>Other:</b> <input type="checkbox"/> 20 - Rough In <input type="checkbox"/> 15 - Final

**This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.**

I hereby apply for a Fire permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Crystal and with the Minnesota Building/Fire Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

\_\_\_\_\_  
**Applicant's Signature/Date**

**Permit Approved By:**

\_\_\_\_\_

**Date Approved:**

\_\_\_\_\_